



CALIFORNIA CHILDREN'S SERVICES AND CHILD HEALTH AND DISABILITY PREVENTION PROGRAMS

County of San Diego Health and Human Services Agency
Public Health Services - Maternal, Child, and Family Health Services

April 20, 2017
Health Services Advisory Board Meeting





BOARD LETTER – CERTIFICATION STATEMENTS FOR CHILD HEALTH AND DISABILITY PREVENTION (CHDP) AND CALIFORNIA CHILDREN SERVICES PROGRAMS (CCS)

1. CMS requires an annual application process to provide services to children, which needs to be approved by the County Board of Supervisors
2. Approval of the certification statements as part of the application process allows the County to receive **reimbursements** for CHDP and CCS services
3. Today's action will allow the Public Health Services (PHS) to continue to provide these services to the community and receive reimbursement from State CMS.



California Children's Services

CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM



LIVE WELL
SAN DIEGO

MISSION STATEMENTS

- Provide family-centered care coordination for CCS-eligible clients with a quality workforce, team collaboration, and strong community partnerships.
- To maximize functional independence of children with physical disabilities through family-centered care at the medical therapy units (MTUs).

FUNDING: \$11,445,655

- State General Fund- \$4,439,247
- Federal Title XIX (21)- \$1,910,829
- Federal Title IX (19)- \$5,095,578
- Miscellaneous
- Realignment/General Fund



AUTHORITY

- California Government Code Sections 7570-7585
- California Health & Safety Code Sections 123800-123995 (Robert W. Crown California Children's Services Act)
- California Welfare and Institutions Code Sections 14094-14094.3
- California Insurance Code Sections 12693.62, 12693.64 and 12693.66
- California Code of Regulations, Title 22 Social Security, Division 2, Subdivision 7. California Children's Services



- Serves over 13,000 infants, children, and young adults 0-21 years of age.
- Client must have CCS-eligible condition such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, or infectious disease producing major complications.
- Families must meet certain financial criteria for treatment services.
- Provides free diagnostic evaluation, occupational and physical therapy services.
- Provides family-centered care coordination, including transition planning of the child's CCS-eligible condition and other services to ensure patients receive timely access to all necessary care.
- Provides outreach and training of CCS providers, and maintains strong collaboration with community partners.



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SAN DIEGO**

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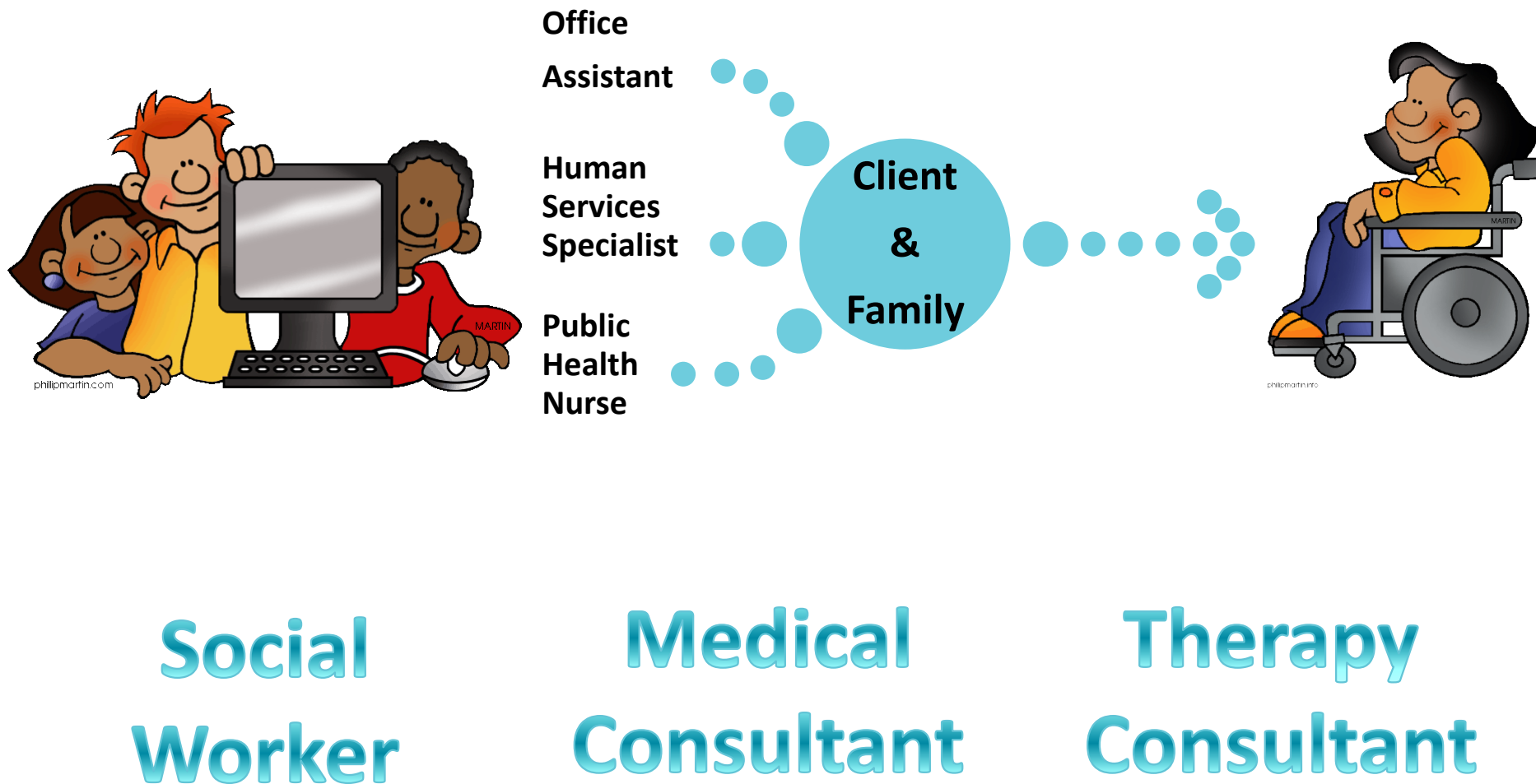
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MEDICAL THERAPY UNITS

- **Greg Rogers School, Chula Vista**
- **Sevick Educational Center, El Cajon**
- **Lindbergh/Schweitzer School & Poway Satellite- Los Penasquitos Elementary, San Diego**
- **Nicolaysen Center, Escondido**
- **California Avenue School, Vista**



CCS CASE MANAGEMENT



MEDICAL THERAPY PROGRAM (MTP)



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- Serves persons under the age of 21 who have MTP-qualifying condition such as cerebral palsy, spina bifida, muscular dystrophy, rheumatoid arthritis, spinal cord injuries, arthrogryposis, osteogenesis imperfecta, and head injuries.
- There is no financial eligibility requirement for MTP services.
- There is financial eligibility requirement for specialized equipment.
- MTP staff participate as CCS Liaisons at Rady Specialty Clinics: Muscle Disease Clinic, Spinal Defects Clinic, Pediatric Rehabilitation Clinic, Pediatric Rheumatology Clinic, and Limb Deficiency Clinic.

Challenges



Resources and Services:

- 1) Staffing
 - a. Complexity of cases adds to challenge of timeliness and comprehensive care coordination required of staff to manage a high-volume caseload.
 - b. Aging workforce while hiring pool is declining, especially among nurses.
- 2) Planning for clients with complex health care needs as they transition to adult services
 - a. Assisting families to navigate a health care system with various funding sources and providing them with current, appropriate information to meet their specific needs (e.g., transferring care to an adult provider).

Solutions



- 1) Work with Public Health Services Administration and Agency's Human Resources to maintain adequate staffing, retain experienced and competent workforce, and provide succession planning.
- 2) Increase collaboration and leverage resources with community partners regarding transition to adulthood services through joint meetings, sharing resources, joint sponsorship of educational and informational symposiums.



Child Health and Disability Prevention Programs

CHILD HEALTH AND DISABILITY PREVENTION PROGRAMS



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GOAL

- Child Health and Disability Prevention (CHDP) programs focus on prevention, identification, and treatment of health problems early through providing periodic well-child health and dental exams, and linking children to ongoing health care coverage.

FUNDING: \$3,218,955

- State General Fund
- County Realignment
- Federal Title XIX (match)

STATUTES

- California Health and Safety Code Sections 104395, 105300, 105305, 120475, and 124025-124110
- California Code of Regulations Title 17, Sections 6800-6874 and Title 22, Sections 51340-51532
- Budget Act of 1999 and California Welfare and Institutions Code Sections 16501.3 and 16010 (foster care)
- California Education Code Section 49452.8 (dental)

CHDP PROGRAMS



CHDP

- Intensive Informing
- Provider Unit
- Care Coordination



Oral Health



Health Care Program for Children in Foster Care

CHDP PROGRAM GOALS



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Promote early detection and prevention of disease and disabilities.

Ensure eligible children receive periodic, comprehensive, preventive health examinations.

Ensure follow-up and treatment of health conditions detected during CHDP health assessments.

Coordinate and provide trainings to health care professionals to ensure quality services.

Connect eligible children enrolled in grades K through 12 to emergency dental care through a network of *pro bono* dentists.

Coordinate preventive oral health services in the community.

Provide consultation and care coordination services to ensure medical and dental needs for youth in-out-of-home placement are met.

CHDP PROGRAMS



Challenges

Future direction of CHDP program.



System functionality (paper-based).

Resources (staffing, providers, etc.).

Solutions

Work closely with State, County, and community agencies.



Implement quality improvement projects to address barriers.

Leverage resources with community partners and seek additional funding.

CHDP PROGRAM OUTCOMES



Worked collaboratively to host Give Kids a Smile (GKAS) Event where 390 children received varnish or sealants valued at \$45,880.

Trained over 350 health care professionals on performing audiometric and vision screenings.

Coordinated with over 200 providers to ensure quality services are provided to CHDP children.

Processed over 200,000 PM160 forms.

Provided care coordination to 25,000 children.



GKAS COLLABORATIVE EFFORTS



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Education



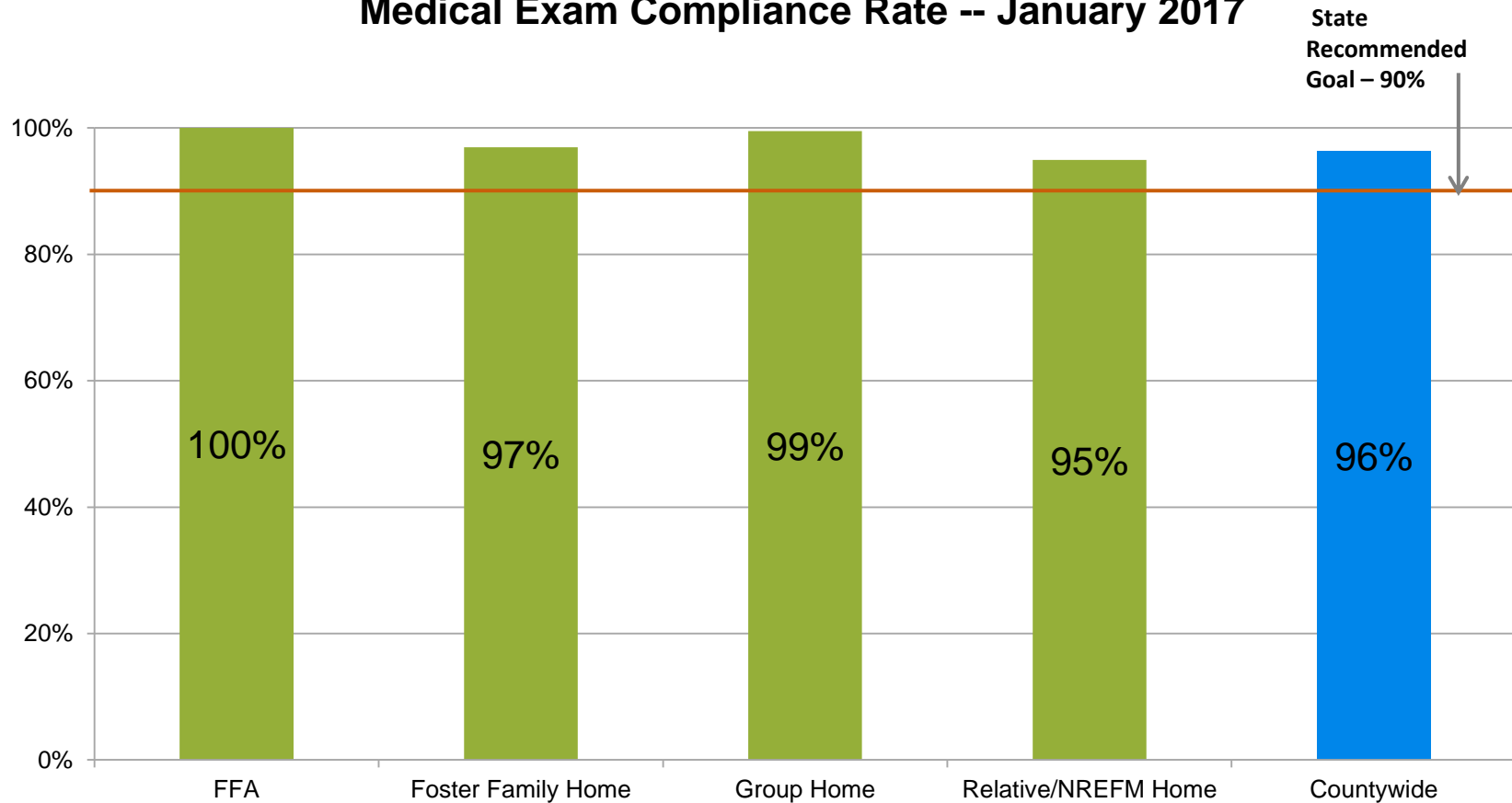
Volunteers



FOSTER CARE OUTCOME



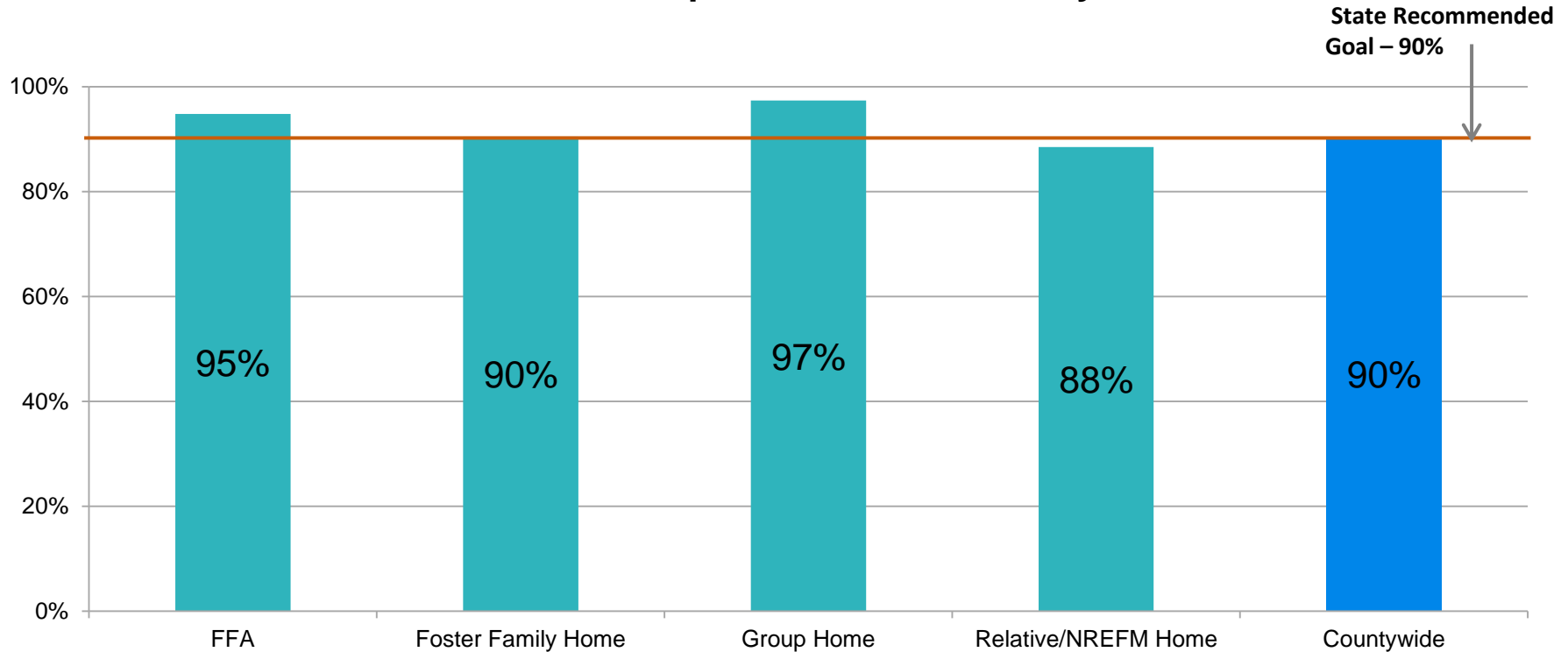
Medical Exam Compliance Rate -- January 2017



FOSTER CARE OUTCOMES



Dental Exam Compliance Rate -- January 2017





QUESTIONS?

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